

Flare

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 – All Events

| Type of Event | Military Time | | Duration (hours) | Event Code (see back of form) | SOP* Followed? | |
|--|-----------------|---------------|-----------------------|----------------------------------|-------------------------------------|--------------------------|
| | Date/Time Start | Date/Time End | | | Yes | No** |
| <input checked="" type="checkbox"/> Startup | 2-4-11 1414 | 2-4-11 1417 | 0.1 | 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Shutdown | 2-4-11 1300P | 2-4-11 1414 | 1.3 | 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Malfunction | _____ | _____ | _____ | _____ | Complete Section 2 Below | |
| <input type="checkbox"/> Non-malfunction | _____ | _____ | _____ | _____ | | |
| Date Form Filled Out: 2-4-11 | | | Signature: <u>Day</u> | | | |

Comments: Clean Flare Arrestor

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 – Malfunction Events Only

| Step | Corrective Action Procedures for All Malfunctions | Check one of the following for each step: | |
|------|--|---|--------------------------|
| | | Procedure completed | Procedure Not Applicable |
| 1. | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Start malfunction diagnosis. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Contact qualified resource: a. Record contact name, date and time: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Fix the malfunction. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | If the procedures listed above were not followed, contact the site engineer immediately. | <input type="checkbox"/> | <input type="checkbox"/> |

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| Type of Event | Military Time | | Duration (hours) | Event Code (see back of form) | SOP* Followed? | |
|---|-----------------|---------------|-------------------------------|----------------------------------|-------------------------------------|--------------------------|
| | Date/Time Start | Date/Time End | | | Yes | No** |
| <input checked="" type="checkbox"/> Startup | 2-14-11 1142 | 2-14-11 1143 | 0.1 | 17 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Shutdown | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Malfunction | 2-13-11 510A | 2-14-11 1140A | 30.5 | 17 | Complete Section 2 Below | |
| <input type="checkbox"/> Non-malfunction | | | | | | |
| Date Form Filled Out: 2-14-11 | | | Signature: <u>[Signature]</u> | | | |

Comments: Power Surge Tripped Breaker at FLARE.
Found Breakers Tripped Reset - started FLARE.

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Section 2 – Malfunction Events Only

| Step | Corrective Action Procedures for All Malfunctions | Check one of the following for each step: | |
|------|--|---|-------------------------------------|
| | | Procedure completed | Procedure Not Applicable |
| 1. | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. | Start malfunction diagnosis. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | Contact qualified resource: a. Record contact name, date and time: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. | Fix the malfunction. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. | If the procedures listed above were not followed, contact the site engineer immediately. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

FLARE

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Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 – All Events

| Type of Event | Military Time | | | Event Code (see back of form) | SOP* Followed? | |
|--|-----------------|---------------|------------------|----------------------------------|-------------------------------------|--------------------------|
| | Date/Time Start | Date/Time End | Duration (hours) | | Yes | No** |
| <input type="checkbox"/> Startup | 3-10-11 1356 | 3-10-11 1359 | .1 | 6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Shutdown | 3-10-11 1248p | 3-10-11 1356 | 1-1 | 6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Malfunction | _____ | _____ | _____ | _____ | Complete Section 2 Below | |
| <input type="checkbox"/> Non-malfunction | _____ | _____ | _____ | _____ | | |
| Date Form Filled Out: <u>4-3-11</u> | | | | Signature: <u>Dan J...</u> | | |

Comments: FLARE Down for Gas Header Tyin.
HAWKS (Danaol)

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Section 2 – Malfunction Events Only

| Step | Corrective Action Procedures for All Malfunctions | Check one of the following for each step: | |
|------|--|---|--------------------------|
| | | Procedure completed | Procedure Not Applicable |
| 1. | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Start malfunction diagnosis. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Contact qualified resource: a. Record contact name, date and time: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Fix the malfunction. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | If the procedures listed above were not followed, contact the site engineer immediately. | <input type="checkbox"/> | <input type="checkbox"/> |

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|---|-----------------|---------------|------------------|----------------------------------|-------------------------------------|--------------------------|
| | Date/Time Start | Date/Time End | Duration (hours) | | Yes | No** |
| <input checked="" type="checkbox"/> Startup | 4-20-11 1400 | 4-20-11 1430 | 0.5 | 17 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Shutdown | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Malfunction | 4-19-11 1114 | 4-20-11 1400 | 2.4 | 17 | Complete Section 2 Below | |
| <input type="checkbox"/> Non-malfunction | | | | | | |
| Date Form Filled Out: 5-2-11 | | | | Signature: <i>[Signature]</i> | | |

Comments:

Utility Pump Surge
OUTAGE

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 - Malfunction Events Only

| Step | Corrective Action Procedures for All Malfunctions | Check one of the following for each step: | |
|------|--|---|-------------------------------------|
| | | Procedure completed | Procedure Not Applicable |
| 1. | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. | Start malfunction diagnosis. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | Contact qualified resource: a. Record contact name, date and time: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. | Fix the malfunction. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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| 12. | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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| Type of Event | Military Time | | | Event Code (see back of form) | SOP* Followed? | |
|---|------------------|------------------|------------------|----------------------------------|-------------------------------------|--------------------------|
| | Date/Time Start | Date/Time End | Duration (hours) | | Yes | No** |
| <input checked="" type="checkbox"/> Startup | 4-22-11 1037A | 4-22-11 1037A | .1 | 17 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Shutdown | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Malfunction | 4-22-11 0340 | 4-22-11 1037A | 4.0 | 12 | Complete Section 2 Below | |
| <input type="checkbox"/> Non-malfunction | _____ | _____ | _____ | _____ | | |
| Date Form Filled Out: <u>5-2-11</u> | | | | Signature: <u>Ray Jones</u> | | |

Comments:

Utility Power Outage

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

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Section 2 – Malfunction Events Only

| Step | Corrective Action Procedures for All Malfunctions | Check one of the following for each step: | |
|------|--|---|-------------------------------------|
| | | Procedure completed | Procedure Not Applicable |
| 1. | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. | Start malfunction diagnosis. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | Contact qualified resource: a. Record contact name, date and time: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. | Fix the malfunction. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. | If the procedures listed above were not followed, contact the site engineer immediately. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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Section 1 - All Events

| Type of Event | Military Time | | Duration (hours) | Event Code (see back of form) | SOP* Followed? | |
|---|-----------------|---------------|-----------------------------|----------------------------------|-------------------------------------|--------------------------|
| | Date/Time Start | Date/Time End | | | Yes | No** |
| <input checked="" type="checkbox"/> Startup | 4-22-11 2040 | 4-22-2070 | 1 | 12 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Shutdown | --- | --- | --- | --- | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Malfunction | 4-22-11 1122 | 4-22-11 2040 | 2.7 | 12 | Complete Section 2 Below | |
| <input type="checkbox"/> Non-malfunction | --- | --- | --- | --- | | |
| Date Form Filled Out: 5-2-11 | | | Signature: <u>Ray Green</u> | | | |

Comments:

Ability Power Outage

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Section 2 - Malfunction Events Only

| Step | Corrective Action Procedures for All Malfunctions | Check one of the following for each step: | |
|------|--|---|-------------------------------------|
| | | Procedure completed | Procedure Not Applicable |
| 1. | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. | Start malfunction diagnosis. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | Contact qualified resource: a. Record contact name, date and time: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. | Fix the malfunction. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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Section 1 – All Events

| Type of Event | Military Time | | | Event Code (see back of form) | SOP* Followed? | |
|---|-----------------|---------------|---------------------------|----------------------------------|-------------------------------------|--------------------------|
| | Date/Time Start | Date/Time End | Duration (hours) | | Yes | No** |
| <input checked="" type="checkbox"/> Startup | 5-9-11 834 | 5/9/11 837A | 1.1 | 16 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Shutdown | _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Malfunction | 5/8/11 334A | 5-9-11 834A | 17-0 | 16 | Complete Section 2 Below | |
| <input type="checkbox"/> Non-malfunction | _____ | _____ | _____ | _____ | | |
| Date Form Filled Out: _____ | | | Signature: <u>Dug Yee</u> | | | |

Comments: Utility Down Found off Restarted Monday Morning

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Section 2 – Malfunction Events Only

| Step | Corrective Action Procedures for All Malfunctions | Check one of the following for each step: | |
|------|--|---|-------------------------------------|
| | | Procedure completed | Procedure Not Applicable |
| 1. | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. | Start malfunction diagnosis. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | Contact qualified resource: a. Record contact name, date and time: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. | Fix the malfunction. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
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| 12. | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. | If the procedures listed above were not followed, contact the site engineer immediately. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Flare Flow Meter
Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 – All Events

| Type of Event | Military Time | | Duration (hours) | Event Code (see back of form) | SOP* Followed? | |
|--|---------------------|---------------------|----------------------------|----------------------------------|-------------------------------------|--------------------------|
| | Date/Time Start | Date/Time End | | | Yes | No** |
| <input checked="" type="checkbox"/> Startup | <u>6-20-11 448p</u> | <u>6-20-11 451p</u> | <u>0.1</u> | <u>1</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Shutdown | <u>6-20-11 354p</u> | <u>6-20-11 448p</u> | <u>0.9</u> | <u>1</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Malfunction | _____ | _____ | _____ | _____ | Complete Section 2 Below | |
| <input type="checkbox"/> Non-malfunction | _____ | _____ | _____ | _____ | | |
| Date Form Filled Out: <u>6-20-11</u> | | | Signature: <u>Ray J...</u> | | | |

Comments: work on Flow Meter.

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 – Malfunction Events Only

| Step | Corrective Action Procedures for All Malfunctions | Check one of the following for each step: | |
|------|--|---|--------------------------|
| | | Procedure completed | Procedure Not Applicable |
| | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Start malfunction diagnosis. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Contact qualified resource: a. Record contact name, date and time: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Fix the malfunction. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | If the procedures listed above were not followed, contact the site engineer immediately. | <input type="checkbox"/> | <input type="checkbox"/> |

Flare - Thunder Storm

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 - All Events

| Type of Event | Military Time | | | Event Code (see back of form) | SOP* Followed? | |
|---|-----------------|---------------|------------------|----------------------------------|-------------------------------------|--------------------------|
| | Date/Time Start | Date/Time End | Duration (hours) | | Yes | No** |
| <input checked="" type="checkbox"/> Startup | 6-22-11 7:46A | 6-22-11 7:49A | 0.1 | 10-76 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Shutdown | 6-22-11 0028 | 6-22-11 7:46A | 17.1 | 10-16 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Malfunction | _____ | _____ | _____ | _____ | Complete Section 2 Below | |
| <input type="checkbox"/> Non-malfunction | _____ | _____ | _____ | _____ | | |
| Date Form Filled Out: <u>7-11-11</u> | | | | Signature: <u>Dan Jones</u> | | |

Comments: *Thunder storms. 6 Auto Restarts.
Utility off - Auto shut down after 3 tries*

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan
 **If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 - Malfunction Events Only

| Step | Corrective Action Procedures for All Malfunctions | Check one of the following for each step: | |
|------|--|---|-------------------------------------|
| | | Procedure completed | Procedure Not Applicable |
| 1. | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | Determine if landfill gas is being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. | Start malfunction diagnosis. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | Contact qualified resource: a. Record contact name, date and time: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. | Fix the malfunction. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. | If the procedures listed above were not followed, contact the site engineer immediately. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 - All Events

| Type of Event | Military Time | | Duration (hours) | Event Code (see back of form) | SOP* Followed? | |
|---|-----------------|---------------|-------------------------------|----------------------------------|-------------------------------------|--------------------------|
| | Date/Time Start | Date/Time End | | | Yes | No** |
| <input type="checkbox"/> Startup | 12-1-11 8:37A | 12-1-11 8:36A | 0.1 | 20 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Shutdown | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Malfunction | 11-27-11 12:45A | 12-1-11 8:37A | 1.03.9 | 20 | Complete Section 2 Below | |
| <input type="checkbox"/> Non-malfunction | | | | | | |
| Date Form Filled Out: 12-1-11 | | | Signature: <u>[Signature]</u> | | | |

Comments: Water in Flare Check VLV clogged - cleaned OK.

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 - Malfunction Events Only

| Step | Corrective Action Procedures for All Malfunctions | Check one of the following for each step: | |
|------|--|---|-------------------------------------|
| | | Procedure completed | Procedure Not Applicable |
| | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | Contact qualified resource: a. Record contact name, date and time: b. Contact site representative with information recorded in No. 5.a. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. | Start malfunction diagnosis. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | Contact qualified resource: a. Record contact name, date and time: | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. | Fix the malfunction. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. | If the procedures listed above were not followed, contact the site engineer immediately. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 – All Events

| Type of Event | Military Time | | | Event Code (see back of form) | SOP* Followed? | |
|---|-----------------|---------------|------------------|------------------------------------|-------------------------------------|--------------------------|
| | Date/Time Start | Date/Time End | Duration (hours) | | Yes | No** |
| <input checked="" type="checkbox"/> Startup | 12-25-11 952A | 12-25-11 955A | .1 | 20 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Shutdown | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Malfunction | 12-24-11 746Pm | 12-25-11 952A | 14.1 | 20 | Complete Section 2 Below | |
| <input type="checkbox"/> Non-malfunction | | | | | | |
| Date Form Filled Out: 1-5-12 | | | | Signature: <u>Doug [Signature]</u> | | |

Comments: water in Flare Leachate Pump went Out

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

**If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 – Malfunction Events Only

| Step | Corrective Action Procedures for All Malfunctions | Check one of the following for each step: | |
|------|--|---|-------------------------------------|
| | | Procedure completed | Procedure Not Applicable |
| | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. | Start malfunction diagnosis. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | Contact qualified resource: a. Record contact name, date and time: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. | Fix the malfunction. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. | If the procedures listed above were not followed, contact the site engineer immediately. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 - All Events

| Type of Event | Military Time | | Duration (hours) | Event Code (see back of form) | SOP* Followed? | |
|---|-----------------|----------------|------------------|----------------------------------|-------------------------------------|--------------------------|
| | Date/Time Start | Date/Time End | | | Yes | No** |
| <input checked="" type="checkbox"/> Startup | 12-26-11 5:08p | 12-26-11 5:11p | 0.1 | 20 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Shutdown | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Malfunction | 12-26-11 2:58p | 12-26-11 5:08p | 2.2 | 20 | Complete Section 2 Below | |
| <input type="checkbox"/> Non-malfunction | | | | | | |
| Date Form Filled Out: 1-5-12 | | | | Signature: <u>[Signature]</u> | | |

Comments: Replace Leachate pump Flare Shut Down on Hi Flow

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan
 **If SOP in SSM Plan was not followed, notify site engineer immediately.

Section 2 - Malfunction Events Only

| Step | Corrective Action Procedures for All Malfunctions | Check one of the following for each step: | |
|------|--|---|-------------------------------------|
| | | Procedure completed | Procedure Not Applicable |
| | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. | Start malfunction diagnosis. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | Contact qualified resource: a. Record contact name, date and time: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. | Fix the malfunction. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. | If the procedures listed above were not followed, contact the site engineer immediately. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Startup / Shutdown / Malfunction Report Form

Site Name: Cottonwood Hills Recycling and Disposal Facility

Section 1 – All Events

| Type of Event | Military Time | | Duration (hours) | Event Code (see back of form) | SOP* Followed? | |
|--|-----------------|---------------|------------------|----------------------------------|-------------------------------------|--------------------------|
| | Date/Time Start | Date/Time End | | | Yes | No** |
| <input checked="" type="checkbox"/> Startup | 12-29-11 224p | 12-29-11 227p | 1-1 | 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Shutdown | 12-29-11 116p | 12-29-11 224p | 1-1 | 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Malfunction | _____ | _____ | _____ | _____ | Complete Section 2 Below | |
| <input type="checkbox"/> Non-malfunction | _____ | _____ | _____ | _____ | | |
| Date Form Filled Out: <u>1-5-12</u> | | | | Signature: <u>Day ifor</u> | | |

Comments: Culman Hooking up Header New wells

*Standard Operating Procedure (SOP) for Flare Startups (Manual & Automatic) and Shutdowns are provided in SSM Plan

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Section 2 – Malfunction Events Only

| Step | Corrective Action Procedures for All Malfunctions | Check one of the following for each step: | |
|------|--|---|--------------------------|
| | | Procedure completed | Procedure Not Applicable |
| 1. | Determine if the malfunction causing an unsafe operating condition (air entering landfill or piping, smoking, vibration, or other problem), which may harm people, the environment or the landfill gas control equipment. <i>If conditions are unsafe, notify your supervisor and follow steps under No. 3.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Determine if landfill gas being released to the air (can you smell landfill gas, or measure/detect uncombusted gas flow?). <i>If landfill gas is being released, follow steps under No. 3.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | If unsafe operating condition exists, or landfill gas is being released to the air, stop (if possible) landfill gas flow by one or more of the following: a. Close nearest valve to source of emissions b. Place a temporary cap on piping c. Apply other device (i.e., duct tape) d. Shut down blower e. Turn off main power disconnect switch to blower f. Other (Describe): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Determine if other personnel/resource (qualified technician, electrician, consultant or other) are needed for malfunction diagnosis. <i>If other personnel or resources are not needed, go to No. 6.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Contact qualified resource: a. Record contact name, date and time: _____ b. Contact site representative with information recorded in No. 5.a. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Start malfunction diagnosis. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Determine if other resources are needed to fix the malfunction (qualified technician, electrician, contractor, on-site resources, manufacturer's representative, or other). <i>If other resources are not needed, go to No. 9.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Contact qualified resource: a. Record contact name, date and time: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Fix the malfunction. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Once the malfunction is fixed, restart the system per SOP if it had been shut down, and record startup times and dates on this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Record date that malfunction occurred, date that malfunction was repaired, and total time that system was out of service in boxes in Section 1 of this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Sign this form, copy it, and place it in the Startup Shutdown, Malfunction file. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | If the procedures listed above were not followed, contact the site engineer immediately. | <input type="checkbox"/> | <input type="checkbox"/> |